ALL ISLAND BASKETBALL CAMP REGISTRATION

PRINT CAMPER'S LAST NAME:		FIRST NAME:
SEX: ☐MALE ☐FEMALE	AGE:	GRADE: (entering in September)
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
E-MAIL ADDRESS:		

FATHER'S NAME AND DAYTIME PHONE NUMBER: ( )	ADDITIONAL EMERGENCY CONTACT NAME AND PHONE NUMBER: ( )
MOTHER'S NAME AND DAYTIME PHONE NUMBER: ( )	HOME PHONE NUMBER: ( )
ADDITIONAL PARENT CONTACT: (PHONE, CELL, BEEPER) ( )	TEE SHIRT SIZE (CHECK ONE) ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ EXTRA LARGE

CHECK DESIRED SESSION: Campers entering grades 3-12 may register for WW sessions.

WW SESS. 1	JULY 27 – JULY 31, 2026	$350.00	PER SESSION

METHOD OF PAYMENT:

CHECK OR MONEY ORDER PAYABLE TO:

ALL ISLAND BASKETBALL CAMP

PAYMENT WILL BE CONFIRMED ON RECEIPT

MAIL PAYMENT & REGISTRATION TO:

ALL ISLAND BASKETBALL CAMP OFFICE
2573 REGENT PLACE
NORTH BELLMORE, NY 11710

(631) 678-8778 • http://www.allislandbasketballcamp.com